

WOODROW WILSON REHABILITATION CENTER
Fishersville, Virginia 22939-1500

PERT STUDENT REFERRAL

STUDENT: _____ ID # _____

Note: Referral to PERT should be made when the student's IEP indicates the need for a comprehensive assessment focusing on vocational and functional living skills. All 4 pages must be completed for referral.

This referral is scheduled for (date): _____.

SCHOOL _____		LSD _____	
SSN _____	DOB _____	GRADE _____	AGE _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F
PARENT/GUARDIAN NAME & ADDRESS _____			
PHONE: (home) _____ (work) _____			
PARENTAL SUPPORT: <input type="checkbox"/> attends IEP Meetings <input type="checkbox"/> initiates contact <input type="checkbox"/> provides home follow-up			
DISABILITY _____		TYPE OF DIPLOMA _____ GRAD DATE _____	
CLASS PLACEMENT: % of time receiving special education services per week _____			
RELATED SERVICES RECEIVED _____			
PHYSICAL LIMITATIONS _____			
MEDICATIONS _____			
ACCOMMODATIONS _____			
LEARNING STYLE PREFERENCE: <input type="checkbox"/> AUDITORY <input type="checkbox"/> VISUAL <input type="checkbox"/> DEMONSTRATION <input type="checkbox"/> MULTISENSORY			
COMMUNICATION STYLES <input type="checkbox"/> GESTURES <input type="checkbox"/> ASL <input type="checkbox"/> SEE <input type="checkbox"/> SPEECH <input type="checkbox"/> READING			
<input type="checkbox"/> CUED SPEECH <input type="checkbox"/> OTHER _____			

STUDENT CHARACTERISTICS	Never	Some-times	Usually	Always	COMMENTS
arrives at class on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
brings appropriate materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
demonstrates good hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
brings completed homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
cooperates with teacher/peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
remembers instructions/follows through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
plans and organizes work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
improves with practice or training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
performs to potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
stays on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
completes assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
asks appropriate questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
attends school regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RECENT TESTS ADMINISTERED/DATE	TEST RESULTS			DATE
PSYCH IQ/Test Name	V=	P=	FS=	
ACADEMIC TESTING				
	Math	Reading	Bd. Knowledge	
OTHER				

VOCATIONAL CLASS	_____
WORK EXPERIENCE	_____
VOCATIONAL ASSESSMENT DATA (if any)	_____
CURRENT INDEPENDENT LIVING SKILLS ASSESSMENT DATA (if any)	_____



STUDENT: _____

ID # _____

IDENTIFY ISSUES: Students who do not meet all of the participation guidelines (listed on back of form) will be considered for participation through approval of the Pre-Admissions Review process. To request a Pre-Admission review, check and complete the appropriate questionnaire and attach to this form.

- | | |
|--|--|
| <input type="checkbox"/> Behavioral Questionnaire | <input type="checkbox"/> Legal Issues Questionnaire |
| <input type="checkbox"/> Cognitive Performance Questionnaire (IQ less than 60) | <input type="checkbox"/> Physical/Health Questionnaire |

OTHER SERVICES NEEDED	<input type="checkbox"/> OT Driving Eval	<input type="checkbox"/> PT Work Capacity Eval	<input type="checkbox"/> Speech Eval
<input type="checkbox"/> Hearing Eval	<input type="checkbox"/> Computer Accommodations Lab	<input type="checkbox"/> Other	

ADDITIONAL RELEVANT DATA - Is there other relevant information regarding this youth's social or emotional development that might influence his/her success during the in-residence, comprehensive evaluation at WWRC? (i.e.; acting out behaviors, extreme shyness, anxiety disorders, etc.)

REFERRAL OBJECTIVES

Reason for referral

Specific evaluation objectives

Anticipated use of data in transition activities

PERT PARTICIPATION GUIDELINES: Successful PERT students share certain characteristics allowing effective adjustment to a comprehensive evaluation within a semi-structured residential setting. The following is used to select students for participation in PERT. The applicant must:

- ◆ Be enrolled in Special Education or have a 504 Plan
- ◆ Be eligible for Department of Rehabilitative Services and in an "open category" under Order of Selection policies and procedures, if relevant:
 - Presence of a physical or mental impairment
 - Substantial impediment to employment
 - Presumption of benefit in terms of an employment outcome
 - Requires VR services to prepare for, enter, engage in, or retain gainful employment
- ◆ Be age 16 by Initial Evaluation at WWRC or 2.5 years from graduation or secondary school completion
- ◆ Possess a strong support system
- ◆ Have a positive classroom/work behaviors/coping skills that indicate potential to adapt to the semi-structured environment of WWRC
- ◆ Have a full scale IQ of 60 or above
- ◆ Be medically, physically & psychologically stable and have a favorable prognosis to complete and benefit from the services requested
- ◆ Have six (6) consecutive months of documented abstinence or demonstrated completion of intense substance abuse treatment and active participation in a substance abuse aftercare program
- ◆ Ensure current behavior will not jeopardize the health, safety or rehabilitation program of self or others at the Center
- ◆ Be willing and able to comply with WWRC community living standards (Rules and Regulations)
- ◆ Have a plan for immediate removal from WWRC if deemed necessary
- ◆ Have any court charges against them settled prior to seeking admission. Cases that are pending adjudication through the judicial system will not be considered. WWRC is not an alternative placement option

COMPLETED BY		DATE	
TITLE		PHONE	

GENERAL INFORMATION QUESTIONNAIRE

STUDENT: _____ ID # _____

1. Functional Limitations (check all that apply):

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Self-Direction | <input type="checkbox"/> Self-Care | <input type="checkbox"/> Work Skills |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Communication | <input type="checkbox"/> Work Tolerance | |

2. How does the student react to changes in routine/stress?

a) List the student's stress indicators:

b) List situations that might be stressful for the student:

c) List supports for student that successfully relieve stress:

3. How does the student typically interact with peers?

a) Does the student prefer to be alone, in small or large groups?

b) Does the student typically interact with same age peers or prefer peers that are younger/older?

4. How does the student interact with authority figures?

5. How does the student feel about attending PERT?

6. List any strategies that work well for this student to learn a new task or assignment.

7. Will the student have any problems eating in a group environment in the cafeteria?

STUDENT: _____ ID # _____

8. Will privacy be an issue for the student in a dormitory setting?

Completed by: _____

Relationship to Student: _____

Phone: _____ Date: _____

All information is considered confidential and will not be released without permission of parent/legal guardian.